

**CHAPTER 9 PLAN**  
**IDENTIFYING INFORMATION**

{Full Name of Managing Attorney<sup>1</sup>} \_\_\_\_\_,  
(the “Managing Attorney”), with offices located at {Managing Attorney’s Address}  
\_\_\_\_\_  
hereby submits the following identifying information with respect to the subject “**Request for Approval of Chapter 9 Plan Application by Managing Attorney**”:

**A. Managing Attorney**

Name: \_\_\_\_\_  
Florida Bar No.: \_\_\_\_\_  
Law Firm Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Telephone: ( ) \_\_\_\_\_  
Facsimile: ( ) \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Website: \_\_\_\_\_

**B. Sponsor**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Telephone: ( ) \_\_\_\_\_  
Facsimile: ( ) \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Website: \_\_\_\_\_

<sup>1</sup> As that term is defined in **Rule 9-1.3(f)** of the Rules.  
“**Chapter 9 Plan Identifying Information**”  
Page 1 of 2

C. **Legal Services Plan**<sup>2</sup>

Name of Plan: \_\_\_\_\_

\_\_\_\_\_  
Signature of Managing Attorney

\_\_\_\_\_  
Type or Print Name of Managing Attorney

Florida Bar No. \_\_\_\_\_

\_\_\_\_\_  
Date

<sup>2</sup> As that term is defined in **Rule 9-1.3(e)** of the Rules.